

# MICHIGAN PHYSICAL THERAPY ASSOCIATION

1390 Eisenhower Place, Ann Arbor, Michigan 48108

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March 6, 2014

To: The Michigan House Health Policy Committee

Gail Haines  
Hugh D. Crawford  
David Knezek  
Thomas Stallworth  
Phil Cavanagh

Klint Kesto  
George Darany  
Frank Foster  
Ken Yonker  
Joseph Graves

Mike Callton  
Bob Genetski  
Kate Segal  
Winnie Brinks  
Phil Phelps

Martin Howrylak  
Mike Shirkey  
Tom Hooker  
Dale Zorn

## **RE: Direct Consumer Access to Physical Therapy**

Dear Representatives Haines, Callton and Members of the House Health Policy Committee,

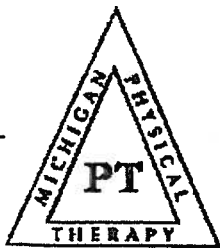
Good Morning, my name is Michael Shoemaker; I am a physical therapist, an Assistant Professor of Physical Therapy at Grand Valley State University, and the Vice President of the Michigan Physical Therapy Association. Thank you for the opportunity to speak before you this morning regarding Direct Consumer Access to Physical Therapy.

In Michigan, individuals seeking a variety of rehabilitation services may go directly to a chiropractor, an occupational therapist, or a massage therapist. Individuals seeking advice about exercise, prevention, and wellness may go directly to see a personal trainer. It is therefore not clear as to why Michigan's consumers cannot seek treatment from a physical therapist, one of the most highly trained rehabilitation professionals, without first having to obtain a prescription from a physician.

Many members of the health care team are fully capable of independently making safe, effective, and meaningful contributions to patient care. Acknowledging this fact is especially critical in light of the projected primary care provider shortage. Physicians need not spend their limited, highly valuable time triaging patients with basic rehabilitation problems. Health care practice today is about effective, efficient, and safe deployment of the health care team where providers practice at the full extent of their scope.

You should also know that over 240 students from six Michigan physical therapist educational programs graduate every year with a Doctor of Physical Therapy degree. They, as have their predecessors spanning decades, have been trained to safely and effectively evaluate and treat patients within the scope of physical therapy practice without a referral or prescription from another health care provider.<sup>1</sup> These students, however, are prohibited by the State of Michigan from doing so. Yet, these physical therapist students can go to work in 48 other states and have their training and skills recognized by being able to practice to the full extent of their training. In your information packet, you will find two letters from recent physical therapist graduates who chose to move out of Michigan to begin their practice.

Five of the six universities in Michigan that offer physical therapy education are public institutions. Our tax dollars are wasted when we educate physical therapists and then they leave Michigan. Michigan can ill afford to lose any of its professional graduates.



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In a 2013 published national survey of physical therapists, Michigan ranked as the 43rd most desirable state in which to live and work, and was ranked 51st among the states and the District of Columbia in the category of “business and practice friendly.”

You may hear from a limited group of opponents of this legislation who claim that permitting direct consumer access to physical therapy will result in patient harm, inappropriate utilization, and increased costs.

None of these claims are true. There is substantial evidence to the contrary and you have already been provided the long list of published research articles that refute these claims, which are nothing more than fear-mongering. It bears repeating- ALL existing evidence supports the safety and cost effectiveness of allowing consumers to go directly to see a physical therapist.<sup>2-4</sup>

Finally, I would like to speak to the issue of “diagnosis” as it relates to physical therapist practice. While Michigan law is clear that physical therapists do not make a “medical” diagnosis, Michigan law does require that physical therapists evaluate patients and refer a patient for signs and symptoms of disease outside of the physical therapist's scope of practice.

For example, the majority of prescriptions in Michigan for physical therapy simply provide the location of the body that has pain (e.g. knee pain) and to “evaluate and treat.” All physical therapists, as the logical and expected conclusion of an evaluation that includes a history and examination, must determine the nature or cause of the problem to be treated to design an appropriate, individualized treatment plan that is directed at the nature or cause of the problem. This is a basic task that is fundamental to physical therapist education, training, and practice.<sup>1</sup> **Again, evaluation of the problem to be treated and referral to a physician for problems outside the scope of physical therapy is what physical therapists are currently required to do under Michigan law.**

Sincerely,

Michael J. Shoemaker, PT, DPT, PhD, GCS  
Vice President  
Michigan Physical Therapy Association

<sup>1</sup><http://www.captionline.org/AccreditationHandbook/>

<sup>2</sup>Ojha HA, Snyder RS, Davenport TE. Direct access compared with referred physical therapy episodes of care: a systematic review. *Physical Therapy*. 2014;94:14–30.

<sup>3</sup>Pendergast J, Kliethermes SA, Freburger JK, Duffy PA. A comparison of health care use for physician-referred and self-referred episodes of outpatient physical therapy. *Health Services Research*. 2011:1-22.

<sup>4</sup>Boissonnault WG, Ross MD. Physical therapists referring patients to physicians: a review of case reports and series. *Journal of Orthopaedic and Sports Physical Therapy*. 2012;42(5):446-54.